

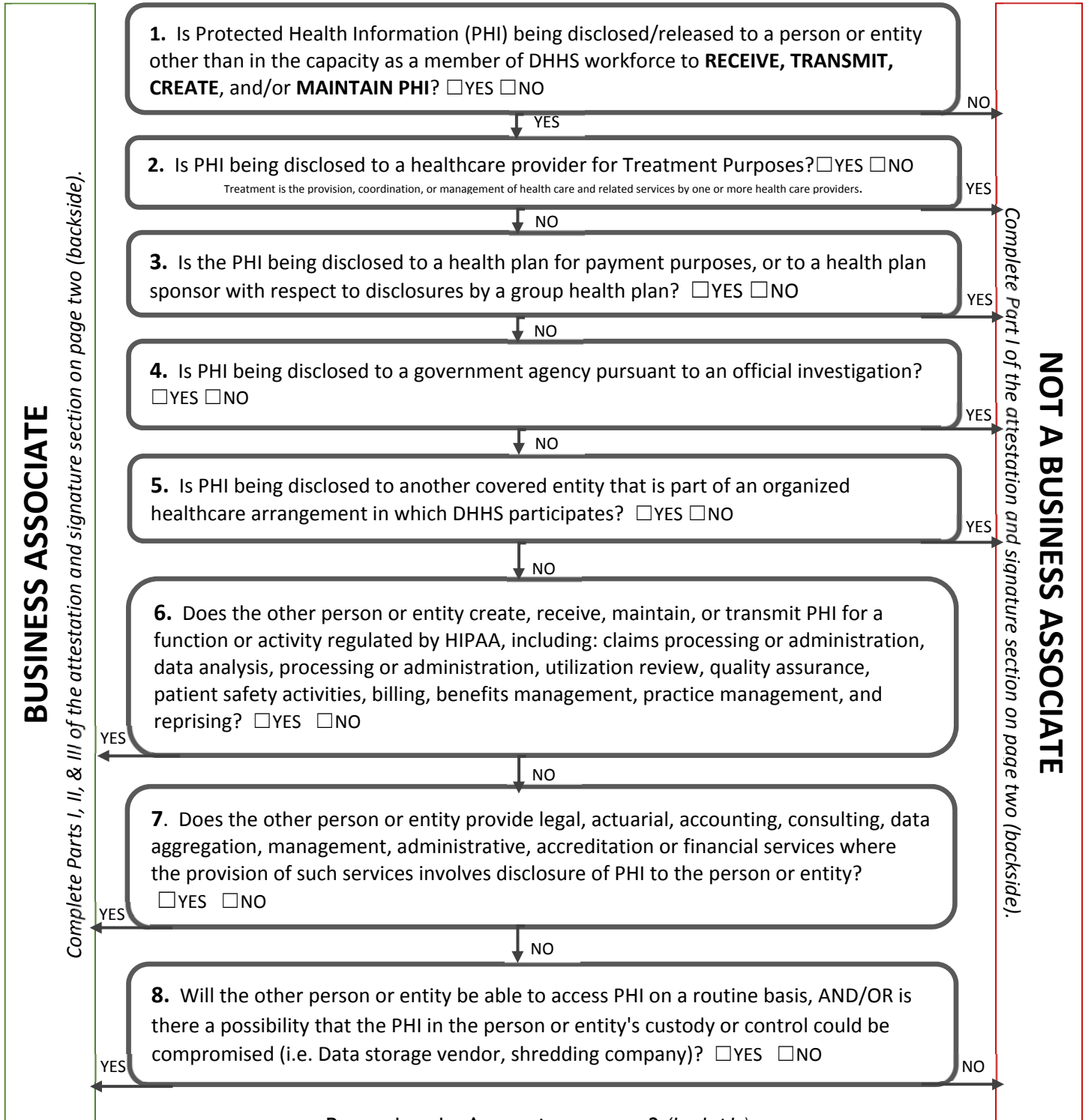


# HIPAA/HITECH-BUSINESS ASSOCIATE DECISION TOOL

(BA Tool)

<b>Contract Preparer:</b>	<b>Legal Name of Contractor :</b>
<b>For:</b> <input type="checkbox"/> DHHS <input type="checkbox"/> MH <input type="checkbox"/> PH <input type="checkbox"/> SS	<b>Date:</b>
<b>Contract:</b> <input type="checkbox"/> New <input type="checkbox"/> Modified <input type="checkbox"/> Renewal (Auto / Manual)	<b>Contract Term:</b>
<b>Service Type/Program:</b>	<b>State Std. Agreement #</b> (If Applicable):

**Directions:** Complete this tool for all contracts. Follow the arrows to your decision checking the box with your answer along the way. Complete the attestation and signature sections on page 2 (*backside*).



Proceed to the Attestation on page 2 (*backside*).



# HIPAA/HITECH-BUSINESS ASSOCIATE DECISION TOOL

(BA Tool)

## ATTESTATION

### PART I

- The contractor is **NOT A BUSINESS ASSOCIATE** *(Proceed to signatures)*
- It has been determined the contractor is a **BUSINESS ASSOCIATE** *(Proceed to PART II and III)*

### PART II

- Business Associate Agreement (BAA) will be included in the contract. *(Program shall work with DHHS Contract Unit and County Counsel for language specific to the contract when needed. DHHS Contract Unit and County Counsel will work with DHHS Compliance and Quality Assurance Office when needed.)*
- Contractor was provided the *Business Associate of DHHS* pamphlet (form DHHS 82)
- Contractor attests to having Privacy and Security Policies and Procedures *(breach notification, workforce training, privacy/security event processing)*
- Attestation received in writing / verbal (circle one) Name of Person Attesting: \_\_\_\_\_ Date: \_\_\_\_\_
- Contractor has been provided the phone number for the DHHS Compliance and Quality Assurance Office (707-441-5410) and instructed this is the number to use for reporting incidents pursuant to the contractual agreement with DHHS.

### PART III

#### Business Associate First Point of Contact:

\_\_\_\_\_  
Name (Please Print First and Last Name)                      Title                      Phone Number

\_\_\_\_\_  
Address (Including city, state, and zip code)

\_\_\_\_\_  
Email Address                      Fax Number

#### Business Associate Second Point of Contact:

\_\_\_\_\_  
Name (Please Print First and Last Name)                      Title                      Phone Number

\_\_\_\_\_  
Address (Including city, state, and zip code)

\_\_\_\_\_  
Email Address                      Fax Number

\_\_\_\_\_  
Contractor Website URL                      Type of Service(s) Provided

## SIGNATURES

*Signatures confirm the determination in PART I and when applicable completion of this Business Associates Decision Tool PART II and III.*

**Contract Preparer (Signature/Date):** \_\_\_\_\_ **DHHS Responsible Manager (Signature/Date):** \_\_\_\_\_

- Notified/Communicated to Contract Coordinator**                       **Notified/Communicated to Director/Deputy Director**

**Comments:**

## ROUTING

- Program Contract File**                       **Contract Coordinator**                       **Contractor Database / Contract Unit**

**Contract # (If known):** \_\_\_\_\_